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## BIB DATA SHEET

CONFIRMATION NO. 8762

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/574,982	04/07/2006 RULE	514	1626	SMC-PT006	
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<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB04/51922 09/30/2004					
<b>** FOREIGN APPLICATIONS *****</b> INDIA 1054/MUM/2003 10/08/2003					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 09/27/2006					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/JOSEPH R KOSACK/</u> <small>Examiner's signature</small>	<input type="checkbox"/> Met after Allowance <small>Initials</small>	<b>STATE OR COUNTRY</b> INDIA	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 11 <del>20</del>	<b>INDEPENDENT CLAIMS</b> 1 <del>2</del>
<b>ADDRESS</b> VOLPE AND KOENIG, P.C. UNITED PLAZA, SUITE 1600 30 SOUTH 17TH STREET PHILADELPHIA, PA 19103 UNITED STATES					
<b>TITLE</b> Fibrinogen receptor antagonists and their use					
<b>FILING FEE RECEIVED</b> 1400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		